STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. NATIONAL ASSOCIATION OF WHEAT GROWERS POLITICAL ACTION COMMITTEE (WHEATPAC) 415 2ND STREET, NE ADDRESS (number and street) SUITE 300 (Check if address is changed) WASHINGTON 20002 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS finance@wheatworld.org (Check if address is changed) Optional Second E-Mail Address |finance@wheatworld.org COMMITTEE'S WEB PAGE ADDRESS (URL) Wheatworld.org (Check if address is changed) DATE 2016 C00139964 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Elizabeth Leith Type or Print Name of Treasurer Elizabeth Leith [Electronically Filed] 80 17 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	-
(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	(Domocratic
(d)		This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization X Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		

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Write or Type Committee Name	9	
NATIONAL ASSOCIAT	TION OF WHEAT GROWERS POLITICAL ACTION COMMI	ITTEE (WHEATPAC)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
Mailing Address	Affiliated Committee ON OF WHEAT GROWERS POLITICAL ACTION COMMITTEE 415 2ND STREET, NE SUITE 300 CITY STATE Joint Fundraising Representative	(WHEATPAC)
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person	in possession of committee
Full Name Elizabeth	415 2nd Street, NE	002
Title or Position	CITY STATE	ZIP CODE
CEO	Telephone number	- 547 - 7800
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	he name and address of
Full Name of Treasurer Mailing Address	Leith 415 2nd Street, NE	
	Washington DC 200	002 ZIP CODE
Title or Position Treasurer	202 Telephone number	- 547 - 7800

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	poxes or maintains funds.	
	Depository, etc. Cardinal Bank 18270 Greensboro Drive	
Name of Bank,	Depository, etc. Cardinal Bank 18270 Greensboro Drive	
Name of Bank,	Depository, etc. Cardinal Bank 18270 Greensboro Drive	
Name of Bank,	Depository, etc. Cardinal Bank 8270 Greensboro Drive	22 ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Cardinal Bank 8270 Greensboro Drive McLean VA 2210	
Name of Bank, Mailing Address	Depository, etc. Cardinal Bank 8270 Greensboro Drive McLean VA 2210 CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Cardinal Bank 8270 Greensboro Drive McLean CITY STATE Depository, etc.	
Name of Bank, Mailing Address	Depository, etc. Cardinal Bank 8270 Greensboro Drive McLean CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Cardinal Bank 8270 Greensboro Drive McLean CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Cardinal Bank 8270 Greensboro Drive McLean CITY STATE Depository, etc.	